

**FOR OFFICIAL USE ONLY**  
**Review Routing & Approval**



**Mechanical Permit Application**

CITY OF LOWELL  
216 NORTH LINCOLN STREET  
LOWELL, AR 72745  
(479)770-2185 / FAX (479)770-2106

Division	Sig. = OK	Date
Reviewed By		

**DATE APPLIED:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CONTRACTOR NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**LICENSE #:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**PROPOSED USE:** \_\_\_\_\_ **DESCRIPTION OF WORK:** \_\_\_\_\_

**Residential "Manual J" Required**  
(Attached when application is submitted)

**Commercial "Manual N" Required**  
(Attached when application is submitted)

**FEES FOR INSPECTING HEATING, VENTILATION, DUCT WORK, AIR CONDITIONING AND REFRIGERATION**

**JOB COST: \$** \_\_\_\_\_

<b>Base Fee</b>	<b>\$25.00</b>
<b>Inspection Fee (\$10.00 for First \$1,000.00 or Fraction Thereof)</b>	<b>\$10.00</b>
<b>Additional Fee (\$3.00 Per Thousand for Each Additional \$1,000.00 or Fraction Thereof)</b>	
<b>TOTAL FEES DUE</b>	

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is started.

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
(Signature of Contractor or Authorized Agent)

\_\_\_\_\_  
(Print Applicant Name)

\_\_\_\_\_  
(Date)

**NOTE: TO SCHEDULE INSPECTIONS CALL 479/770-2185, EXTENSION 650**